

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)

Serial No.

FILING DATE

10/593,823

APPLICANT(1)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2d AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2d AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	1		1				53						
4	1		1				54						
5	1		1				55						
6	1		1				56						
7	1		1				57						
8	1		1				58						
9	1		1				59						
10	1		1				60						
11	1		1				61						
12	1		1				62						
13	1		1				63						
14	13		1				64						
15	13		1				65						
16	①		1				66						
17	1		1				67						
18	1		1				68						
19	1		1				69						
20	1		1				70						
21	1		1				71						
22							72						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.	2	↓	1	↓		↓	TOTAL REQ.		↓		↓		↓
TOTAL OCT.	43	←	16	←		←	TOTAL OCT.		←		←		←
TOTAL CLAIMS	45		17				TOTAL CLAIMS						